

**Petition Withdrawal Form**  
**Request to Withdraw Petition for Appeal before the State Board  
of Equalization**

**I hereby withdraw my Petition for Appeal from consideration by the State  
Board of Equalization.**

**Case Number(s)** \_\_\_\_\_

**and/or**

**APN Numbers(s)** \_\_\_\_\_

\_\_\_\_\_  
Please print name of Property Owner, Contact Person or Authorized Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Submit this Petition Withdrawal Form by fax, hand delivery or mail to:***

Nevada State Board of Equalization  
c/o Nevada Department of Taxation  
1550 E College Parkway, Suite 115  
Carson City, NV 89706

**Fax (775) 684-2020.**

Note: You will receive a letter confirming your request.

**If you have questions about this form or the appeal process, please call:  
(775) 684-2160.**